STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type is changed) over the lines	
LAND O'LAKE	S INC/AGRILIANCE LLC PAC (LOL PAC) FKA LAND O'L	AKE INC PAC
ADDRESS (number and	BOX 64101	
(Check if address is changed)	ST.PAUL	
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address	L ADDRESS (Please provide only one e-mail address) LOLPAC@landolakes.com	
is changed)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	(None)	
2. DATE 0 4		
3. FEC IDENTIFICA	TION NUMBER C C00009423	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)
Logrify that I have evami	ned this Statement and to the best of my knowledge and belief it is true, corre	act and complete
recruity macrimave exami	, ,	and domplete
Type or Print Name of	Treasurer Jim Fife	
Signature of Treasurer	Electronically Filed by Jim Fife	Date 04 / 24 / YYYYYY
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORT	•
Office Use Only	For further informate Federal Election Con Toll Free 800-424-95	nmission FEC FORM 1